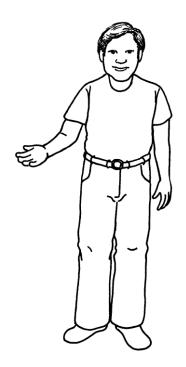
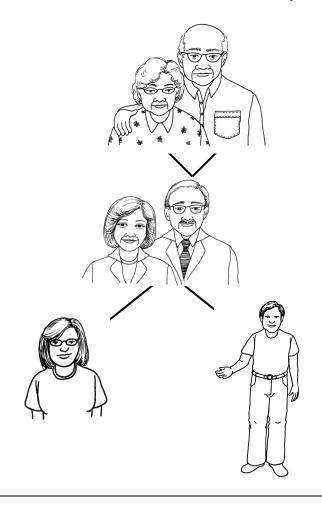
HEALTH UNIT VOCABULARY PICTURES

## **Medical History**



	Patient Medic	eal History
2. Hav surgery	of last medica e you ever bee or serious illn Yes	en hospitalized for ness?
If yes, Date	Reason	Hospital
	you taking any	medications?

## **Family History**



Family Medical History				
2. Hav	of last medica e you ever bee or or serious illr Yes	en hospitalized for ness?		
If yes, Date	Reason	Hospital		
	you taking any	medications?		